HEXCEL

December 18, 1991

Mr. George Caporale
Chief, Bureau of Information Systems
New Jersey Department of Environmental Protection
Wastewater Facilities Regulation Element
CN-029
Trenton, New Jersey 08625-0029

Re: **Permit Application**
NJDPES Discharge to Surface Water
Former Hexcel Corporation Facility
Lodi, New Jersey
ECRA Case No. 86009

Dear Mr. Caporale

Please find enclosed forms WQM-001, CP#1, and EPA Form 2C and a Proposal for Determination of Water Quality Effluent Limitations, which are submitted in application for a Discharge to Surface Water Permit for the above-referenced facility. Form WQM-003, consisting of local agency endorsements, will be submitted when the endorsements have been obtained. Please note that the effluent quality information presented in EPA Form 2C is based on estimates of discharge concentrations, as analytical results for the discharge are not yet available.

This permit is requested for discharge of treated ground water into the Saddle River, which is located along the western border of the site property. Discharge to the Passaic Valley Sewerage Commissioners (PVSC) public treatment works is our preferred discharge option. A temporary discharge approval has been granted by the PVSC and we are awaiting an SIU Permit from the NJDEP. It is emphasized that a permit for discharge of treated ground water to the Saddle River is sought as a contingency, and the discharge would only occur in the event that no other discharge options are available.

Please do not hesitate to contact me if you have any questions or comments regarding this permit application.

Sincerely,

A. William Nosil

Enclosures

cc: Victor G. Staniec, NJDEP, Permits Unit, Surface Water Section
Gary Sanderson, NJDEP
Joe Ritchey, Heritage
Jim Higdon, Fine Organic Corporation
Renée van de Griend, ENVIRON

Copy of Discharge to Ground Water Permit to:

Don Cramer
New Jersey Department of Environmental Protection
Division of Publicly-Funded Site Remediation
Bureau of Ground Water Discharge Control
CN-413
Trenton, New Jersey 08625

PROPOSAL FOR DETERMINATION OF WATER QUALITY EFFLUENT LIMITATIONS

Former Hexcel Corporation Facility
Lodi, New Jersey
ECRA Case #86009

This proposal for determination of water quality effluent limitations is being submitted in support of a NJPDES Discharge to Surface Water Permit application. The permit application pertains to a proposed discharge of treated ground water at the former Hexcel Corporation facility, currently operated by Fine Organics Corporation, located at 205 Main Street in Lodi, New Jersey.

The ground water treatment system at the facility is designed to remove elevated levels of volatile organic compounds (VOCs) from ground water. Ground water will be extracted via a series of pumping wells and will be sent to an equalization tank prior to treatment. VOCs will be removed from ground water in an air stripping tower followed by a liquid-phase granular activated carbon (GAC) polishing unit. Emissions from the stripper will be incinerated in a catalytic oxidation unit. Construction of the treatment system has been completed with the exception of continuous monitoring devices which have not yet been installed.

Because the system is not yet in operation for treatment of extracted ground water, data for the treated ground water are not yet available. Based on anticipated influent concentrations and on performance evaluations of the treatment system on other water streams containing VOCs, however, it is estimated that the level of total VOCs in the treated ground water discharge will be approximately 10 to 20 μg/l. An analysis of treated ground water will be provided as soon as Hexcel receives a temporary approval from the NJDEP for discharging treated ground water to the industrial sewer. The Passaic Valley Sewerage Commissioners office has already granted approval for temporary discharge.

The location of the site is shown on the U.S. Geological Survey topographic map for the Hackensack, New Jersey quadrangle in Figure 1: The discharge point will be at the at the southwest border of the site and the treated water will be discharged directly into the Saddle River, which runs along the western border of the site property. An investigation to determine the locations of all other treatment facilities on the Saddle River within five miles of the site will be conducted and the results of the investigation will be submitted as soon as they are available. Similarly, an investigation of any existing beneficial uses of the Saddle River will be conducted and results will be submitted following completion of the investigation.

Receiving Water Body Analysis

The Saddle River appears to be a non-tidal stream, and the Critical Instream Waste Concentration will be directly proportional to the ratio of the effuent flow to the sum of the effluent flow and the upstream MA7DC10 flow (minimum average 7 consecutive day flow with a statistical recurrence interval of 10 years). Hexcel will request information from state and/or local environmental monitoring agencies in order to determine the MA7DC10 flow for the Saddle River.

Critical conditions for the Saddle River are expected to occur in late summer to early fall, when fresh water run-off flows are at a minimum. Hexcel will verify the time period of minimum flow by obtaining information from state or local environmental monitoring agencies. It is proposed that sampling be conducted for 8 consecutive weeks beginning in August 1992. The sampling program would consist of weekly sample collection near the upgradient and downgradient property boundaries, as indicated in the Figure 2. A third sample would be collected from the treatment system effluent. Because there are no other discharges between the upstream and downstream sampling locations, it does not appear to be necessary to include additional sampling locations.

All samples would be analyzed for the parameters listed in Appendix A of the application instructions, which includes VOCs, acid/base/neutral extractable compounds, pesticides, metals, cyanide, total phenols, and conventional pollutants such as biological

oxygen demand and suspended solids. Any components which are not found in detectable concentrations in the first four samples would be eliminated from the last four sets of analyses.

STANDARD APPLICATION FORM (P # 1)

CONSTRUCTION PERMIT NUMBER 1

CONSTRUCTION AND DISCHARGE PERMITS

READ REQUIREMENTS — FOLLOW INSTRUCTIONS CAREFULLY — PLEASE PRINT OR TYPE

1a. Applicant/Owner** Hexcel Corporation Telephone 610) 828-4200

Permanent Legal Address 11711 Dublin Road

City or Town Dublin State CA Zip Code 94566

Federal Tax I.D. or S.S. # _____

1b. Applicant/Operator _____ Telephone ( ) _____

Permanent Legal Address _____

City or Town _____ State _____ Zip Code _____

1c. Co-permittee* _____ Telephone ( ) _____

Permanent Legal Address _____

City or Town _____ State _____ Zip Code _____

2. Location of Work Site Lodi, New Jersey

Name of Facility, if applicable Fine Organics Corporation

Address (Street/Road) 205 Main Street

Lot No. 10A Block No. 81A E.P.A. I.D. # NJD010963924

City or Town Lodi State NJ Zip Code 07644

Municipality Lodi County Bergen

3. If applicable, give name of: Engineer/Surveyor/Well Driller/Geologist/Soil Scientist *(Specify)*

Name _____ N.J. License No. _____

Name of Firm, if employee _____

Address (Street/Road) _____

City or Town _____ State _____ Zip Code _____

Municipality _____ County _____

Telephone ( ) _____

4. This is an application for Discharge to Surface Water Permit

(Name of permit, certification, approval, jurisdictional determination, or exemption. See item 9, next page.)

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* *This section must be completed by any local governmental unit when it is a Co-permittee. (Not required for Sewer System Applications [Treatment Works Approvals])*

** *Sewer System Applications (Treatment Works Approvals) should be made on behalf of the eventual owner of the proposed system.*

DETACH FORM FROM PRECEDING DOCUMENT

884310007

6. Estimated construction cost of project:

a. $ N/A total cost of the project
b. $ N/A portion for which this permit is requested

7. I have included certifications of any public notifications. ____Yes ____No N/A

8. If applicable:
(For Waterfront Development, Stream Encroachment, Freshwater Wetlands and Transition Area applications, 8c. must be completed.)
(For Sewer System Applications [Treatment Works Approvals] complete 8d.)

a. Source of Water Supply Lodi Water Department
b. For Treatment at (Water Treatment Plant) _____
c. Stream, Waterway, Pond or Lake Passaic Valley Sewerage
d. Wastewater Treatment Facility _____

9. Have any other applications for this site/project been submitted, or have any state permits been issued for this project? *(If yes, indicate status and project number below.)*

X Yes ____No ____Decision

Identify any state Green Acres or federal Land and Water Conservation Fund projects separately.

	PERMIT TYPE *(Use additional sheets if necessary)*	APPLICATION STATUS (Pending - Approved)	PROJECT #
9.1	CAFRA		
9.2	Waterfront Development		
9.3	Tidal or Coastal Wetlands		
9.4	Freshwater Wetlands Permit		
9.5	Freshwater Wetlands Transitional Area Waiver (after July 1, 1989)		
9.6	Stream Encroachment		
9.7	Water Quality Certificate (Section 401)		
9.8	Open Water Fill		
9.9	Tidelands (Riparian) Grant, Lease or License		
9.10	Dam Construction/Repair		
9.11	Purchase Water Diversion:		
9.12	Divert Water Supply for Public Use		
9.13	Divert Surface Waters for Private Use		
9.14	Divert Subsurface/Percolating Water for Private Use		
9.15	Well Drilling		
9.16	Permanent Water Lowering		

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PERMIT TYPE (Use additional sheets if necessary)	STATUS (Pending, Approved)	PROJECT #
9.17 Temporary Water Lowering		
9.18 Temporary Discharge to PVSC Construct/Modify, Operate Public Potable Water Works	Approved	Permit #17405042
9.19 Connection between an approved water supply and non-approved supply		
9.20 Sewer Systems: Collectors, Pump Station, etc		
9.21 Exemption from Sewer Ban		
9.22 Discharge to Ground Water; SIU Permit New Jersey Pollution Discharge Elimination System (Specify)	Pending	ECRA 86009
9.23 Underground Storage Tanks		
9.24 Solid Waste Permits (Specify)		
9.25 Hazardous Waste Permits (Specify)		
9.26 Air Quality Permits (Specify) Air Cleanup Apparatus	Approved	Permit # 01-90-3837
9.27 Delaware and Raritan Canal Review Zone "Certificate of Approval"		
9.28 Pinelands Certificate		
9.29 Green Acres Program Review "Certificate of Approval" (Specify projects)		
9.30 Other State agencies' permits NJDEP TWA Permit	Approved	Permit # 90-4939-4L
9.31 Local Permits		
9.33 Federal Permits		

10. Brief Description of the Proposed Project and Intended Use:

Ground water will be extracted from upper and lower aquifers beneath the facility. Ground water will be treated on-site for removal of volatile organic compounds via an air stripper, a filtration unit, and a carbon adsorption unit. Air emissions from the stripper will be incinerated. Treated ground water will be discharged to the Saddle River.

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aware that there are s[illegible]ant civil and criminal penalties for sub[illegible]
mation, including fines a[illegible]or imprisonment.

Type: Name and Date

Signature of Applicant/Owner

Type: Position

12-19-91
Date

Type: Name and Date

Signature of Applicant/Operator

Type: Position

Date

Type: Name and Date

Signature of Co-permittee*

Type: Position

Date

ENDORSEMENTS

Some permit applications require specific endorsements of owners, agents, municipalities, etc. Endorsements may be required for your permit.

Verify the need for endorsements in the "Requirements" section of the Standard Application Form CP #1 booklet or with the appropriate DEP agency.

A. PROPERTY OWNER'S CERTIFICATION*

I hereby certify that _____
Property Owner's Name
is the owner of the property upon which the proposed work is to be done. This endorsement is certification that the owner grants permission for the conduct of the proposed activity.

In addition, the aforementioned property owner shall certify:

1. Whether any work is to be done within an easement — Yes_____ No_____
(Initial) *(Initial)*

2. Whether any part of the entire project (i.e., pipeline, roadway, cable, transmission line, etc.) will be located within property belonging to the State of New Jersey — Yes_____ No_____
(Initial) *(Initial)*

Type or Print Name and Address of Owner, if different from Item 1 on Page 1

Date

Signature of Owner

* *Not required for Sewer System Application (Treatment Works Approvals)*

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I, the Applicant/Owner _____ or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties)_____

or Co-permittee (when the Co-permittee is a local governmental unit)_____

authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name_____ Phone_____

Address_____ County_____

City or Town_____ State_____ Zip Code_____

Occupation/Profession_____

_____
(Signature of Applicant/Owner)

_____
(Signature of Applicant/Operator)

_____
*(Signature of Co-permittee)**

AGENTS CERTIFICATION

Sworn before me
this_____day of
_____19_____

I agree to serve as agent for the above-mentioned applicant

_____
Notary Public

_____
(Signature of Agent)

C. PROPER CONSTRUCTION AND OPERATION CLAUSE N/A
(Sewer Extensions, Treatment Works Approval, Water Works, Underground Storage Tanks)

I, the Applicant/Owner_____or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties)_____

or Co-permittee (when the Co-permittee is a local governmental unit)_____

agree that the works will be properly constructed and operated in accordance with the engineering plans and specifications, as approved, and the conditions under which approval is granted by the State Department of Environmental Protection.

_____
(Signature of Applicant/Owner)

_____
(Signature of Applicant/Operator)

_____
*(Signature of Co-permittee)**

* *Not required for Sewer System Application (Treatment Works Approvals)*

I hereby certify that the engineering plans, specifications and engineering report applicable to this project comply with the current rules and regulations of the State Department of Environmental Protection with the exceptions as noted.

(Signature of Engineer)

Type: Name and Date

Position, Name of Firm

PROFESSION ENGINEER'S EMBOSSED SEAL

E. OWNER'S COMPLIANCE WARRANT (NJPDES ONLY)

I, the Applicant/Owner A. William Hosel or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties)_____ or Co-permittee (when the Co-permittee is a local governmental entity)_____, hereby agree that any treatment works constructed to meet the NPDES/NJPDES permit discharge limits will be properly constructed and operated to meet those limits. I also warrant that the discharge(s) will meet the effluent limitations as described in the NPDES/NJPDES permit, as issued.

12-19-91
(Date)

A William Hosel
(Signature of Applicant/Owner)

(Date)

(Signature of Applicant/Operator)

(Date)

(Signature of Co-permittee)*

* *Not required for Treatment Works Approvals*

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Name of Developer _____

Phone _____

Address _____ County _____

City _____ State _____ Zip Code _____

Contact Person _____

884310013

26 NPDES | EPA | EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	° DEG.	MIN.	SEC	° DEG.	MIN.	SEC	
1	NOT YET CONSTRUCTED						Saddle River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
1	Ground Water Treatment System	7200 gpd	Ground water treated by air stripping, filtration, and carbon adsorption	XX 1-M 2-A

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUE ON REVERSE

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CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table) ☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY a. DAYS PER WEEK (specify average)	3. FREQUENCY b. MONTHS PER YEAR (specify average)	4. FLOW a. FLOW RATE (in mgd) 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE (in mgd) 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME (specify with units) 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME (specify with units) 2. MAXIMUM DAILY	4. FLOW c. DURATION (in days)

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B) ☒ NO (to to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C) ☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	1. AVERAGE DAILY PRODUCTION b. UNITS OF MEASURE	1. AVERAGE DAILY PRODUCTION c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	2. AFFECTED OUTFALLS (list outfall numbers)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of waste water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☒ YES (complete the following table) ☐ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED
NJ ECRA Case 86009	1	Ground Water Treatment System	Remediation of upper and lower aquifers beneath facility	N/A	N/A

B. OPTIONAL You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

PAGE 3

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A, B, & C: See instructions before proceed[illegible] – Complete one set of tables for each outfall – A[illegible]te the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 throu[illegible] V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or [illegible] discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data [illegible] possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product o byproduct?

☐ YES *(list all such pollutants below)* ☒ NO *(go to Item VI-B)*

Do you have any knowledge or reason to believe any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below) ☒ NO (go to Section VIII)

III CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm? N/A

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) ☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
A. William Hood Corporate Env. Engr Mgr	510 828 4200
C. SIGNATURE	D. DATE SIGNED
A William Hood	12-19-91

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PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS
a. Biochemical Oxygen Demand *(BOD)*		No analytical results available.									
b. Chemical Oxygen Demand *(COD)*		Data to be provided when treatment system is operational.									
c. Total Organic Carbon *(TOC)*	800							mg/l			
d. Total Suspended Solids *(TSS)*	27							mg/l			
e. Ammonia *(as N)*											
f. Flow	VALUE 7200		VALUE 7200		VALUE 7200		-	gpd	-	VALUE	
g. Temperature *(winter)*	VALUE 15 (estimated)		VALUE -		VALUE		-	°C		VALUE	
h. Temperature *(summer)*	VALUE 25 (estimated)		VALUE -		VALUE		-	°C		VALUE	
i. pH	MINIMUM 6 (estimated)	MAXIMUM 9 (estimated)	MINIMUM -	MAXIMUM -			-	STANDARD UNITS			

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK "X" a. EXPECTED	2. MARK "X" b. ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS
a. Bromide (24959-67-9)		X											
b. Chlorine, Total Residual		X											
c. Color		X											
d. Fecal Coliform		X											
e. Fluoride (16984-48-8)		X											
f. Nitrate-Nitrite *(as N)*		X											

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1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. Believed present	2. MARK 'X' b. Believed absent	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) Concentration	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) Mass	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) Concentration	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) Mass	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) Concentration	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) Mass	3. EFFLUENT d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) Concentration	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) Mass	5. INTAKE (optional) b. NO OF ANALYSES
g. Nitrogen, Total Organic (as N)														
h. Oil and Grease	X		0.02							mg/1				
i. Phosphorus (as P), Total (7723-14-0)														
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)														
l. Sulfide (as S)														
m. Sulfite (as SO_3) (14265-45-3)														
n. Surfactants														
o. Aluminum, Total (7429-90-5)														
p. Barium, Total (7440-39-3)														
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)														
s. Iron, Total (7439-89-6)	X		13.7							mg/1				
t. Magnesium, Total (7439-95-4)														
u. Molybdenum, Total (7439-98-7)														
v. Manganese, Total (7439-96-5)	X		2.2							mg/1				
w. Tin, Total (7440-31-5)														
x. Titanium, Total (7440-32-6)														

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
	1

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC-MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2-b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4, 6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2-b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part, please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION / (2) MASS
METALS, CYANIDE, AND TOTAL PHENOLS													
1M. Antimony, Total (7440-36-0)	X	X		126						14	ug/1		
2M. Arsenic, Total (7440-38-2)	X	X		14						14	ug/1		
3M. Beryllium, Total, 7440-41-7)	X	X		18						14	ug/1		
4M. Cadmium, Total (7440-43-9)	X	X		7						14	ug/1		
5M. Chromium, Total (7440-47-3)	X	X		193						14	ug/1		
6M. Copper, Total (7440-50-8)	X	X		709						14	ug/1		
7M. Lead, Total (7439-92-1)	X	X		172						14	ug/1		
8M. Mercury, Total (7439-97-6)	X	X		5						14	ug/1		
9M. Nickel, Total (7440-02-0)	X	X		186						14	ug/1		
10M. Selenium, Total (7782-49-2)			X										
11M. Silver, Total (7440-22-4)			X										
12M. Thallium, Total (7440-28-0)			X										
13M. Zinc, Total (7440-66-6)	X	X		622						14	ug/1		
14M. Cyanide, Total (57-12-5)	X	X		2						11	ug/1		
15M. Phenols, Total	X	X		770						11	ug/1		
DIOXIN													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS									

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.

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CONTINUED FROM FRONT

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. Testing required	b. Believed present	c. Believed absent	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. (2) MASS	b.
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)	X	X		0.5							ug/1				
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)	X	X		0.2							ug/1				
7V. Chlorobenzene (108-90-7)	X	X		13							ug/1				
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)	X	X		3.9							ug/1				
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)	X	X		0.2							ug/1				
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)	X	X		0.2							ug/1				
15V. 1,2-Dichloroethane (107-06-2)	X	X		16							ug/1				
16V. 1,1-Dichloroethylene (75-35-4)	X	X		0.2							ug/1				
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)	X	X		0.2							ug/1				
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.

EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER 1

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)														
22V. Methylene Chloride (75-09-2)	X	X		11							ug/1			
23V. 1,1,2,2-Tetrachloroethene (79-34-5)	X	X		0.2							ug/1			
24V. Tetrachloroethylene (127-18-4)	X	X		2.4	Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.						ug/1			
25V. Toluene (108-88-3)	X	X		2.3							ug/1			
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X	X		2.6							ug/1			
27V. 1,1,1-Trichloroethane (71-55-6)	X	X		0.5							ug/1			
28V. 1,1,2-Trichloroethane (79-00-5)	X	X		0.2							ug/1			
29V. Trichloroethylene (79-01-6)	X	X		1							ug/1			
30V. Trichlorofluoromethane (75-69-4)			X											
31V. Vinyl Chloride (75-01-4)	X	X		0.6							ug/1			
GC/MS FRACTION – ACID COMPOUNDS														
1A. 2-Chlorophenol (95-57-8)	X	X		<0.1							ug/1			
2A. 2,4-Dichlorophenol (120-83-2)	X	X		<0.1							ug/1			
3A. 2,4-Dimethylphenol (105-67-9)	X	X		<0.1							ug/1			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X											
5A. 2,4-Dinitrophenol (51-28-5)	X	X		<0.1							ug/1			
6A. 2-Nitrophenol (88-75-5)	X	X		<0.1							ug/1			
7A. 4-Nitrophenol (100-02-7)	X	X		<0.1							ug/1			
8A. P-Chloro M-Cresol (59-50-7)			X											
9A. Pentachlorophenol (87-86-5)			X											
10A. Phenol (108-95-2)	X	X		<0.1							ug/1			
11A. 2,4,6-Tri														

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1. POLLUTANT AND CAS NUMBER (if available)	2 MARK 'X' a. testing required by applicable NPDES permit	b. testing required by applicable NPDES permit	c. testing required by applicable NPDES permit	3 EFFLUENT a. MAXIMUM DAILY VALUE (1) concentration	a. MAXIMUM DAILY VALUE (2) mass	b. MAXIMUM 30 DAY VALUE (if available) (1) concentration	b. MAXIMUM 30 DAY VALUE (if available) (2) mass	c. LONG TERM AVRG. VALUE (if available) (1) concentration	c. LONG TERM AVRG. VALUE (if available) (2) mass	d. NO. OF ANALYSES	4 UNITS a. CONCENTRATION	4 UNITS b. MASS	5 INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) concentration	5 INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) mass
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS														
18. Acenaphthene (83-32-9)			X											
28. Acenaphtylene (208-96-8)	X	X		<0.1							ug/1			
38. Anthracene (120-12-7)			X											
48. Benzidine (92-87-5)			X											
58. Benzo (a) Anthracene (56-55-3)			X											
68. Benzo (a) Pyrene (50-32-8)			X											
78. 3,4-Benzo-fluoranthene (205-99-2)			X											
88. Benzo (ghi) Perylene (191-24-2)			X											
98. Benzo (k) Fluoranthene (207-08-9)			X											
108. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X											
118. Bis (2-Chloro-ethyl) Ether (111-44-4)			X											
128. Bis (2-Chloroiso-propyl) Ether (102-80-1)	X	X		<0.1							ug/1			
138. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)	X	X		<0.1							ug/1			
148. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X											
158. Butyl Benzyl Phthalate (85-68-7)			X											
168. 2-Chloro-naphthalene (91-58-7)			X											
178. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X	X		<0.1							ug/1			
188. Chrysene (218-01-9)			X											
198. Dibenzo (a,h) Anthracene (53-70-3)			X											
208. 1,2-Dichloro-benzene (95-50-1)	X	X		0.1							ug/1			
218. 1,3-Dichloro-benzene (541-73-1)	X	X		<0.1							ug/1			

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.

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CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK "X" a. Testing req. b. Believed present c. Believed absent	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVRG. VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVRG. VALUE (2) MASS
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*												
22B. 1,4-Dichlorobenzene (106-46-7)	X X	<0.1							ug/1			
23B. 3,3'-Dichlorobenzidine (91-94-1)	X											
24B. Diethyl Phthalate (84-66-2)	X X	<0.1							ug/1			
25B. Dimethyl Phthalate (131-11-3)	X X	<0.1							ug/1			
26B. Di-N-Butyl Phthalate (84-74-2)	X											
27B. 2,4-Dinitrotoluene (121-14-2)	X X	<0.1							ug/1			
28B. 2,6-Dinitrotoluene (606-20-2)	X X	<0.1							ug/1			
29B. Di-N-Octyl Phthalate (117-84-0)	X											
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X											
31B. Fluoranthene (206-44-0)	X											
32B. Fluorene (86-73-7)	X											
33B. Hexachlorobenzene (118-74-1)	X											
34B. Hexachlorobutadiene (87-68-3)	X X	<0.1							ug/1			
35B. Hexachlorocyclopentadiene (77-47-4)	X											
36B. Hexachloroethane (67-72-1)	X X	<0.1							ug/1			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X											
38B. Isophorone (78-59-1)	X X	<0.1							ug/1			
39B. Naphthalene (91-20-3)	X X	<0.1							ug/1			
40B. Nitrobenzene (98-95-3)	X											
41B. N-Nitrosodimethylamine (62-75-9)	X											
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X											

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.

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CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. testing required	b. believed present	c. believed absent	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
31B. N-Nitrosodiphenylamine (86-30-6)			X												
34B. Phenanthrene (85-01-8)	X	X		<0.1							ug/1				
35B. Pyrene (129-00-0)	X	X		<0.1							ug/1				
36B. 1,2,4-Trichlorobenzene (120-82-1)	X	X		<0.1							ug/1				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)	X	X		<0.1							ug/1				
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)	X	X		<0.1							ug/1				
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)	X	X		<0.1							ug/1				

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.

884310025

EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER: 1

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (opt) a. LONG TERM AVRG. VALUE (1) CONCENTRATION	5. INTAKE (opt) a. LONG TERM AVRG. VALUE (2) MASS
GC/MS FRACTION — PESTICIDES (continued)														
17P. Heptachlor Epoxide (1024-57-3)			X											
18P. PCB-1242 (53469-21-9)	X	X		1							ug/1			
19P. PCB-1254 (11097-69-1)			X											
20P. PCB-1221 (11104-28-2)			X											
21P. PCB-1232 (11141-16-5)			X											
22P. PCB-1248 (12672-29-6)	X	X		1							ug/1			
23P. PCB-1260 (11096-82-5)			X											
24P. PCB-1016 (12674-11-2)			X											
25P. Toxephene (8001-35-2)			X											

Analytical results for discharge not yet available. Values indicated are estimates based on data for untreated ground water and anticipated removal efficiencies. Actual values to be provided when treatment system is operational.